

2004

Maine Bureau of Health, HIV/STD Program Training Announcement

# HIV Test Counseling In a Clinical Setting

Augusta  
February 20<sup>th</sup>

Bangor  
April 16<sup>th</sup>

Portland  
June 25<sup>th</sup>

HIV Test Counseling in a Clinical Setting is designed to enhance a clinician's ability to counsel patients about HIV antibody testing. Topics include: HIV & AIDS Epidemiology, Maine law and HIV testing, occupational exposure, post-exposure prophylaxis and basic test counseling skills. Participants will have the opportunity to practice skills during role-plays. 6.6 Nursing Continuing Education Units (CEUs) will be given for course completion. Space for this course is limited to 25 participants on a first come first serve basis.

To register, complete the application form below and return it to the HIV/STD Program. There is no fee for attendance to these scheduled trainings. For more information about this training, contact Karen Perron at 287.287.5542 or J. Juan Soto-Alvarez at 287-3916.

<b>APPLICATION</b> Specify the training location & date you wish to attend: _____		Return to: Karen Perron HIV/STD Program #11 State House Station Augusta, ME 04333-0011 FAX: 287.3498	
Name: _____			
Organization: _____			
Address: _____			
Work Phone Number: _____		Home Phone Number: _____	
Fax: _____		E-Mail: _____	
Do you need any special accommodations? <input type="checkbox"/> No <input type="checkbox"/> Yes (please specify)			
Please check your particular service area:  <input type="checkbox"/> Private Medical Provider <input type="checkbox"/> Public Health Department Provider <input type="checkbox"/> Correctional Medical Provider <input type="checkbox"/> Family Planning Provider <input type="checkbox"/> Other (please specify) _____		Please check your role or position:  <input type="checkbox"/> Nurse (LPN, RN) <input type="checkbox"/> Nurse Practitioner or Physician Assistant <input type="checkbox"/> Physician (MD, DO) <input type="checkbox"/> Infection Control Practitioner/Coordinator <input type="checkbox"/> Other (please specify) _____	
Applicant Signature: _____		Date: _____	
Supervisor Signature: _____		Date: _____	

Your supervisor **must** sign this form to indicate knowledge and agreement with your registration. If accepted, you will receive instructions & study materials approx. two weeks prior to the date of the training.